

RTR Financial Services, Inc.

2 Teleport Drive, Suite 302, Staten Island, NY 10311

Telephone (718) 668-2881

Fax (718) 668-1937

Toll Free (855) 399-4RTR (4787)

April 24, 2015

GERALDO RODRIGUEZ
8831 Fort Hamilton Pkwy
Brooklyn NY 11209-6053

Re: Client: MAIMONIDES MEDICAL CENTER
Patient: RODRIGUEZ RALPHY
DOS: Account No.: 24-1407317787
7/06/14 Balance: \$554.45

Dear GERALDO RODRIGUEZ:

Please be advised that MAIMONIDES MEDICAL CENTER has placed the above referenced account with this office.

Please direct all calls and letters to RJ Reilly.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor should it be different from the current creditor.

This communication is from a debt collector and any information obtained will be used for the purpose of collecting this debt.

For insurance information please provide the following:

Insurance Company: _____

Insurance Address: _____

Policy No.: _____ Group No.: _____

Policy Holder: _____

N.Y.C. Dept. of Consumer Affairs License # 1000523

Online payment(s) can be made by going to www.RTRFS.com

1118-SFRTF10-AR10-03/28/14

*** Please detach the lower portion and return with your payment ***

Y1885FE7C4



P.O. Box 60640
Staten Island NY 10306-0640
RETURN SERVICE REQUESTED

IF YOU WISH TO PAY BY CREDIT CARD, CIRCLE ONE AND FILL IN THE INFORMATION BELOW.	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
CARD NUMBER	EXP. DATE
CARD HOLDER NAME	CVV
SIGNATURE	AMOUNT PAID

Client: MAIMONIDES MEDICAL CENTER
Account No.: 24-1407317787
Balance: \$554.45



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AR10 - 1118
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Brooklyn NY 11209-6053



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